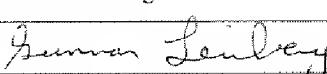


CHANGE OF CORRESPONDENCE ADDRESS		Application Number	09/273,238
<i>Application</i>		Filing Date	March 19, 1999
Address to: Commissioner for Patents P.O. Box 1450 Alexandria, Virginia 22313-1450		First Named Inventor	James Goodwin
		Art Unit	2663
		Examiner Name	Min Jung
		Attorney Docket Number	812495/150 (10.230)

Please change the Correspondence Address for the above-identified application to: <input type="checkbox"/> Customer Number <input type="text"/> <i>Type Customer Number here</i>		Place Customer Number Bar Code Label here		
<i>OR</i>				
<input checked="" type="checkbox"/> Firm or Individual Name	Gunnar G. Leinberg, Esq. Nixon Peabody LLP			
Address	Clinton Square, P.O. Box 31051			
Address				
City	Rochester	State	NY	ZIP
Country	USA			
Telephone	(585) 263-1014	Fax	(585) 263-1600	
This form cannot be used to change the data associated with a Customer Number. To change the data associated with an existing Customer Number use "Request for Customer Number Data Change" (PTO/SB/124).				
I am the: <input type="checkbox"/> Applicant/Inventor <input type="checkbox"/> Assignee of record of the entire interest. Certificate under 37 CFF 3.73(b) is enclosed. (Form PTO/SB/96). <input checked="" type="checkbox"/> Attorney or agent of record. <input type="checkbox"/> Registered practitioner named in the application transmittal letter in an application without an executed oath or declaration. See 37 CFR 1.33(a)(1). Registration Number _____				
Type or Printed Name Gunnar G. Leinberg Signature  Date 				
NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.				
<input type="checkbox"/> *Total of _____ forms are submitted.				